

MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES STATE PUBLIC HEALTH LABORATORY
BREATH ALCOHOL PROGRAM

INTOX EC/IR II MAINTENANCE REPORT

REPORT #3

				KELOKI #2	
Complete this report at the time of the regular monthly preventive maintenance check (not to exceed 35					
days). Complete this report whenever the instrument is serviced or repaired and whenever it is placed					
	o service. Retain the original and send a copy within 15 days to the				
INTOX EC/IR II SN	NAME OF AGENCY		DATE OF INSPECTION		
12809	Bridgeton Police Dept.		05/03/2024		
LOCATION OF INSTRUMENT (STREET AND CITY)			TIME OF INSPECTION		
12355 Natural Bridge Rd. Bridgeton			12:56 CDT		
CHECKLIST: Place a mark in the box by each item if found to be satisfactory or is operating within established limits. (Write in observed values where determined). Unmarked items must be corrected					
before using instrument.	rved values where de	etermined). Unmark	ted items must be	corrected	
X DIAGNOSTIC RECORD					
X BLANK CHECK		X CO2 CHECK			
X FC 1 TEMP		X FLOW CHECK			
and the second s			FCB CHECK		
X DET TEMP			X CRC COMP CHECK		
X BT TEMP		X CRC CAL CHECK			
X STD 2 TEMP		X PRINT TEST			
X ETH CHECK					
BREATH ANALYZER ACCURACY STAND	ARDS				
SIMULATOR SOLUTION		X COMPRESSED E	THANOL-GAS MIXTU	IRE	
X STANDARD SUPPLIER Intox	LOT# AG306807				
SIMULATOR TEMP (34°C +0.2°C)	SIM. S	SN	SIM. NIST EXP	DATE	
CALEBRATION CHECK (OWN ON		T 17070 DED 1/2 TAT	IIIIII DEDONE		
X CALIBRATION CHECK - (ONLY ON					
Run three tests using a stand					
and must have a spread of .00 used.	J5 or less. Mark	the box correspo	onding to the st	andard solution being	
X 0.10% STANDARD - MUST READ					
0.08% STANDARD - MUST READ					
0.04% STANDARD - MUST READ	BEIWEEN U.U38% Ar	ND 0.042% INCLUS.	LVE		
TEST 1 0.099 g/210L	TEST 2 0.099	a/210T.	TEST 3 0.09	9 a/2101.	
			<u> </u>		
INDICATE THE NUMBER OF BREATH TESTS IN THE FOLLOWING RANGES SINCE THE LAST MAINTENANCE REPORT:					
REFUSALS 0 004 0	.0509 0	.1014 0	.1519 0	OVER .19 0	
•				•	
LIST ANY NEW PARTS AND DESCRIBE ANY ALTERATION OR MODIFICATION THAT WAS MADE TO RESTORE THE INSTRUMENT TO OPERATE SATISFACTORILY AND WITHIN ESTABLISHED LIMITS (USE OTHER SIDE IF NECESSARY).					
				and the state of the state of the second state of the second state of the state of	
INSPECTING OFFICER			. 347		
SIGNATURE	2 -38	PRINT FULL NAME	17 737		
TYPE IT DEPUT MIMBER IEVETS	ATION DATE	MILLER, TIMOT	11 T		
=	09/2024	(314)739-7557	7		
<u> </u>		1			
RETURN COMPLETED REPORT TO THE:					
Breath Alcohol Program, Missouri Department of Health and Senior Services,					

by mail, fax, or e-mail



Airgas USA LLC (LAB) 3500 Bernard Street St. Louis, Mo. 63103 Ph: (314) 533-3100 Fax: (314) 533-7328

Certificate of Analysis

Customer Name Exclusive Supplier Intoximeters, Inc. 2081 Craig Road St. Louis, Mo 63146

Test Date: 13-Mar-2023

Lot # AG306807 Model 108

Exp Date 9-Mar-2025 Cyl. Type 108 Component Ethanol

Certified Concentration 0.100 ± 2% BrAC (272 ppm)

Ethanol Nitrogen

Certification Traceable to N.I.S.T. RGM and to CRM Ethanol Standards:

RGM Serial No.	Concentration	RGM Serial No.	Concentration
EB0010581	391.8 ppm	EB0010603	392.5 ppm
EB0010570	259.8 ppm	EB0010559	258.9 ppm
EB0010285	209.0 ppm	EB0010562	104.2 ppm
EB0010561	103.7 ppm	EB0010579	52.94 ppm
EB0010681	52.22 ppm		ozion ppin

 CRM Serial No.
 Concentration
 CRM Serial No.
 Concentration

 CC727481
 800.0 ppm
 CC727493
 390.0 ppm

 CC727496
 253.0 ppm
 CC727498
 150.0 ppm

Analytical Method: NDIR

Digitally signed by:Quality Control Reason:Dry gas standard certification of analysis Location:Afras USA LLC (Lab) Date:03.16.2023 13:02

Approved for Release:

Rod Marsala

ISO 17025:2017 A2LA accredited. Certificate Number 3082.06 ISO 17034:2016 A2LA accredited. Certificate Number 3082.07



STATE OF MISSOURI

DEPARTMENT OF HEALTH AND SENIOR SERVICES
BREATH ALCOHOL PROGRAM



PERMIT TYPE II

TIMOTHY S. MILLER

is hereby authorized to instruct and supervise operators, train instructors, inspect, calibrate, perform field service and repairs, and operate the following breath analyzer(s):

INTOX EC/IR II

for the determination of the alcoholic content of blood from a sample of expired air. Permit issued under the provisions of sections 577.020 through 577.041, RSMo and 306.111 through 306.119 RSMo.

	gg	
DATE	9/9/2022	Laura G. Wang
		DIRECTOR OF STATE PUBLIC HEALTH LABORATORY
NUMBER	220227	
EXPIRES	9/9/2024	Donal S. Kanny
		DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

MO 580-0771 (6-10)

LAB-4 (R6-10)



The named cardholder is authorized to operate an evidential breath alcohol instrument for the determination of the alcoholic content in breath form of expired air in Missouri.

Operator MILLER, TIMOTHY

Permit No 220227

Date Issued 9/9/2022 Date Expires 9/9/2024

